PATENT APPLICATION FEE DETERMINATION RECO

Application or Docket Number 10/510949

| | | | | Ь | | | | | | | | |
|---|--|---------------------------------|-----------------------|---------------------------------------|------------|------------------|------------|---------------------|------------------------|--|---------------------|--|
| | | | (Column 1) | | (Column 2) | | | SMALL E | NTITY | OR | OTHE SMALL | R THAN ENTITY |
| TOTAL CLAIMS | | | | | | | 7 | RATE | FEE | 1. | RATE | FEE |
| FOR | | | NUMBER FILED | | NU | NUMBER EXTRA | | BASIC FEE | 475 | OR | BASIC FEE | |
| 10 | TAL CHARGEA | BLE CLAIMS | 19 " | Q = 0 minus 20 = 0 | | | 1 | X\$9= | 10 | OR | X \$ 18 = | |
| INDEPENDENT CLAIMS | | | | | | | 1 | X \$ 44 = | | OR | X \$ 88 = | |
| MU | LTIPLE DEPEN | DENT CLAIM F | RESENT · | | | 1 | + \$ 150 = | | OR | +\$300= | | |
| 7- | the difference | in column 1 | s Jess than z | less than zero, enter "0" in column 2 | | | | TOTAL | 4170 | OR | TOTAL | |
| CLAIMS AS AMENDED PART II. | | | | | | | | | | | OTUE | THAN |
| | · T | (Column 1) | (Column 2) (Column 3) | | | | SMALL | ENTITY | OR | | ENTITY | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | PREVIO PAID | BER | PRESENT EXTRA | | RATÉ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | 19 | Minus | - 2 | 0 | - / | | X\$9= | 7 | OR | X \$ 18 = | |
| | Independent | 2 | Minus | 3 | | = / | | X \$ 44 = | | OR | X \$ 88 = | -/ |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 150 = | | OR | +\$300= | / |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | 1 |
| | | (Column 1) | | (Colun | | (Column 3) | ne: Danaga | ACCEPTANT STATE | | en e | WALLED FROM | C-124: 17:4254 |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | Í | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X\$9= | | OR | X\$ 18 = | |
| | Independent | • | Minus | *** | | = | | X \$ 44 = | | OR | X \$ 88 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | Ī | + \$ 150 = | | OR | +\$ 300 = | |
| | | | | • | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colum | | (Column 3) | _ | | | _ | | |
| 읽 | | REMAINING AFTER AMENDMENT | | NUMB PREVIOU PAID F | ER JSLY | PRESENT Extra | | RATE ' | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total · | • | Minus | ** | | = | | X \$ 9 = | | OR | X \$ 18 = | |
| | Independent | • | Minus | *** | | = | | X \$ 44 = | | OR | x \$ 88 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | \$ 150 = | | OR | \$ 300 = | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | ÖR , | TOTAL DOIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |